

09/20/00

1c839 U.S. PTO

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. _____

First Inventor or Application Identifier Deanna T. OngwelaTitle Massage and Tactile Stimulation Device

Express Mail Label No. _____

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 10]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
4. Oath or Declaration [Total Pages 2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.37), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.38).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
13. ☒ * Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☒ Other: Request Under MPEP § 107.074

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. _____

Prior application Information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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Country	<u>USA</u>	Telephone	<u>410/880-0863</u>	Fax	<u>410/880-1354</u>

Name (Print/Type)	<u>Deanna T. Ongwela</u>	Registration No. (Attorney/Agent)	
Signature	<u>Deanna T. Ongwela</u>	Date	<u>9/15/00</u>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 1999 <i>Patent fees are subject to annual revision.</i> <i>Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</i>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 345.00		Application Number	
		Filing Date	
		First Named Inventor	Deanna T. Ongwela
		Examiner Name	
		Group / Art Unit	
		Attorney Docket No.	

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																									
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number N/A Deposit Account Name <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES																																																																																																																									
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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Deanna T. Ongwela	Reg. Number	
Signature	Deanna T. Ongwela	Date	9/15/00
		Deposit Account User ID	

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